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## BIB DATA SHEET

CONFIRMATION NO. 3436

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/FR04/00085 01/16/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 03/00506 01/17/2003

**\*\* IF REQUIRED, FOREIGN LICENSING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

03/12/2007

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged /QIUYEN MI/ Examiner's Signature		Initials	FRANCE	0	22	1

**ADDRESS**

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**TITLE**

Composition for oral administration containing capsaicinoids

<b>FILING FEE RECEIVED</b> 565	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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